					PRO	VAL NO. 0348-004	PAGE 1	OF 2	PAGES			
REQUEST FOR ADVANCE OR REIMBURSEMENT (See instructions on back)					ED	a. "X" one or both boxes ADVANCE REIMBURSEMENT X b. "X" the applicable box X FINAL PARTIAL	2. BASIS OF REQUES CASH X ACCRUA					
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED					4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY BF-96046501-0				5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST. 12			
6. EMPLOYER IDENTIFICAT NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER			8. PERIOD COVERED BY THIS REQUEST								
(b) (4)	5	391704	From (mo	onth, d	ay, year) 10/01/09	TO (month, o	(month, day, year) 12/3					
9. RECIPIENT ORGANIZATION Name: City of Bremerton Number and Street: 345 6 th Street City, State and ZIP Code: Bremerton, WA 98337					10. PAYEE (Where check is to be sent if different than item 9) Name: Numbu and St							
11. COMPUTATION OF AMOUNT OF REIMBURSEMEN and we already reclaived												
PROGRAMS/FUNCTIONS/ACTIVITIES (a)					and ZI fact is the original. RSEMEN and we already reclaved (b) the final Payment. TOTAL \$ You need to have your 13							
a. Total program (As of date) Outlays to date 12/31/09			\$ 192,915.33	e you	~	13						
b. Less: Cumulative program income					C	lose out reg	2:0					
c. Net program outlays (Line a minus line b)			\$ 192,915.33		5	howing this	Amon	4	33			
d. Estimated net cash outlays for advance period					1							
c. Total (Sum of lines c & d)			\$ 192,915.33						33			
f. Non-Federal share of amount on line e												
g. Federal share of amount on line e			\$ 192,915.33				\$ 192,915.33					
h. Federal payments previously requested			\$ 186120.31				\$ 186,120.31					
i. Federal share now requested (Line g minus line h)			\$ 6,795.02				\$	\$ 6,795.02				
j. Advances required by month, when requested	st month											
by Federal grantor agency for use in making	2 rd month		_									
	rd month		**									
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY												
a. Estimated Federal cash outlays that will be made during period covered by the advance									s			
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period												
c. Amount requested (Line a minus line b) AUTHORIZED FOR LOCAL REPRODUCTION (Continued on Reverse) STANDARD FORM 270 (R								\$				

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97 Prescribed by OMB Circulars A-102 and A-110

13. CERTIFICATION									
belief the	that to the best of my knowledge and ne data on the reverse are correct and that ays were made in accordance with the orditions or other agreement and that it is due and has not been previously ed.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL HILLIAGS, CPH TYPED OR PRINTED NAME AND TITLE Mildred H. Vellegas, PW&U Financial Mgr			CPA LE	DATE REQUEST SUBMITTED 1/22/10 TELEPHONE (AREA CODE, NUMBER, EXTENSION) (360) 473-2327			
This space for agency use									
Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-004), Washington, DC 20503 PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY. INSTRUCTIONS Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 1g, 11i, 12 and 13 are self-explanatory: specific instructions for other items are as follows:									
Item	Entry			Item		Entry			
2	Indicate whether request is prepared on ca expenditure basis. All requests for advance on a cash basis. Enter the Federal grant number, or other is assigned by the Federal sponsoring agency reimbursement is for more than one grant insert N/A; then, show the aggregate amounts sheet, list each grant or agreement number.	dentifying number y. If the advance or or other agreement, unts. On a separate		11a	activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts),				
6	share of outlays made against the grant or Enter the employer identification number Internal Revenue Service, or the FICE (in requested by the Federal agency.	agreement. assigned by the U.S.			in the appropriate basis, outlays a goods and servine value of in cash advances	iate columns. For requests prepared on a cash are the sum of actual cash disbursements for vices, the amount of indirect expenses charged, -kind contributions applied, and the amount of and payments made to subcontractors and For requests prepared on an accrued expenditure			
7	7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.				basis, outlays amount of ind	are the sum of the actual cash disbursements, the irect expenses incurred, and the new increase (or			
8	Enter the mon, day, and year for the begin the period covered in this request. If the radvance or for both an advance and reimb period that the advance will cover. If the reimbursement, show the period for which requested.	request is for an oursement, show the request is for		116	decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to				
Note:	The Federal sponsoring agencies have the recipients to complete items 11 or 12, but should be used when only a minimum am needed to make an advance and outlay intitem 11 can be obtained in a timely manner.	not both. Item 12 ount of information is formation contained in		11d	program incor program by the Only when matotal estimated	ne that was required to be used for the project or e terms of the grant or other agreement. kking requests for advance payment, enter the I amount of cash outlays that will be made during			
11	The purpose of the vertical columns (a), (provide space for separate cost breakdown been planned and budgeted by program, f		13		certification before submitting this request.				

Standard Form 270 (Rev. 7-97) Back